

DIVISION OF HEALTH SERVICES
IMMUNIZATIONS PROGRAM
JULY 1, 2008 - DECEMBER 31, 2008
BUDGET NO. 433-400582

| ACCT. NO. | ACCOUNT NAME | CURRENT BUDGET | DIFFERENCE | PROPOSED BUDGET |
|--------------|------------------------------|-------------------|------------|--------------------|
| 4331 | FEDERAL GRANTS THRU STATE | (262,600) | (53,627) | (316,227) |
| | TOTAL STATE REVENUE | (262,600) | (53,627) | (316,227) |
| 5102 | SALARIES & LABOR | 178,013.00 | - | 178,013.00 |
| 5135 | LAPSE TIME RESTRICTION | - | - | - |
| | TOTAL SALARIES & OVERTIME | 178,013.00 | - | 178,013.00 |
| 5510 | RETIREMENT BENEFITS - COUNTY | 12,461.00 | - | 12,461.00 |
| 5511 | OPEB RETIREE INSURANCE | 12,016.00 | - | 12,016.00 |
| 5515 | FICA | - | - | - |
| 5516 | MEDICARE COVERAGE (MQFE) | 2,581.00 | - | 2,581.00 |
| 5520 | GROUP LIFE INSURANCE | 1,210.00 | - | 1,210.00 |
| 5543 | CIGNA INSURANCE | 24,546.00 | - | 24,546.00 |
| 5560 | DISABILITY INSURANCE | 2,848.00 | - | 2,848.00 |
| 5591 | OJI MEDICAL INSURANCE | 2,759.00 | - | 2,759.00 |
| 5592 | UNEMPLOYMENT COMP INS | 586.00 | - | 586.00 |
| | TOTAL FRINGES | 59,007.00 | - | 59,007.00 |
| 6016 | DATA PROCESSING SUPPLIES | 2,000.00 | 13,000.00 | 15,000.00 |
| 6026 | EXP FURN & EQUIP | 2,197.00 | 12,803.00 | 15,000.00 |
| 6042 | MATERIALS & SUPPLIES | 2,533.00 | 12,467.00 | 15,000.00 |
| 6046 | MEDICAL SUPPLIES | 7,000.00 | 8,000.00 | 15,000.00 |
| 6052 | OFFICE SUPPLIES | 7,000.00 | 8,357.00 | 15,357.00 |
| | TOTAL SUPPLIES | 20,730.00 | 54,627.00 | 75,357.00 |
| 6446 | LOCAL TRANSPORTATION | 1,000.00 | (1,000.00) | - |
| | TOTAL SERVICES | 1,000.00 | (1,000.00) | - |
| 6874 | TELECOMM SERVICES | 1,000.00 | - | 1,000.00 |
| | | 1,000.00 | - | 1,000.00 |
| 9804 | TR/T INDIRECT COST | 2,850.00 | - | 2,850.00 |
| | TOTAL TRANSFERS OUT | 2,850.00 | - | 2,850.00 |
| | TOTAL EXPENDITURES | 262,600.00 | 53,627.00 | 316,227.00 |
| | NET COST | - | 0 | 0 |

DIVISION OF HEALTH SERVICES
ADMINISTRATION & FINANCE
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 010-400301

| <u>ACCT. NO.</u> | <u>ACCOUNT NAME</u> | <u>CURRENT BUDGET</u> | <u>DIFFERENCE</u> | <u>PROPOSED BUDGET</u> |
|----------------------|------------------------------------|---------------------------|-------------------|----------------------------|
| 9530 | RESTRICTED OPER & MAINT | - | - | - |
| 9634 | TRSF/F FEDERAL THRU STATE-IND COST | - | - | - |
| | NET OPERATIONS | - | - | - |

DIVISION OF ADMINISTRATION & FINANCE
TELECOMMUNICATIONS
JULY 1, 2008 - JUNE 30, 2009
BUDGET NO. 961-201501

| <u>ACCT. NO.</u> | <u>ACCOUNT NAME</u> | <u>CURRENT BUDGET</u> | <u>DIFFERENCE</u> | <u>PROPOSED BUDGET</u> |
|----------------------|-----------------------|---------------------------|-------------------|----------------------------|
| 4262 | SERVICE INCOME | - | - | - |
| 6771 | COMMUNICATION EXPENSE | - | - | - |
| | NET OPERATIONS | - | - | - |

Department[illegible]

[illegible]

**DIVISION OF HEALTH SERVICES
ADMINISTRATION & FINANCE
JULY 1, 2008 - DECEMBER 31, 2008
BUDGET NO. 433-400582
COST CENTER HR582**

| POSITION NO. | JOB TITLE | STATUS | COMPENSATION | | |
|--------------|-----------|--------|--------------|------------|----------|
| | | | CURRENT | DIFFERENCE | PROPOSED |
| | | | \$ - | \$ - | \$ - |
| | | | \$ - | \$ - | \$ - |
| | | | \$ - | \$ - | \$ - |
| | | | \$ - | \$ - | \$ - |
| | | | \$ - | \$ - | \$ - |
| | | | \$ - | \$ - | \$ - |
| | | | | \$ - | |
| | | | \$ - | \$ - | \$ - |

PER PAY PERIOD - JANUARY 2008 THRU DECEMBER 2008

[illegible]

DATE: 10-06-08

IN-HOUSE ROUTE SHEET
RESOLUTION CHECK-OFF LIST

| | |
|-----------------|---|
| BUDGET #: | 433-400582 |
| PERIOD OF TIME: | 01/01/08 - 12/31/08 |
| AMOUNT: | \$53,627.00 |
| DESCRIPTION: | BUDGET ADMENDMENT - IMMUNIZATIONS (BASE) PROGRAM CARRYFORWARD FUNDS FROM FIRST 6 MONTHS BUDGET TO SECOND 6 MONTHS BUDGET |

| | | | |
|--------------------------------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| SECTION MANAGER LEEANN MOSS | | | |
| | | | |
| COMMENTS: | | | |

| | | | |
|-----------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| RUSSELL | | | |
| COMMENTS: | | | |

| | | | |
|------------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| ACCOUNTANT | | | |
| BENNETT | | | |
| COMMENTS: | | | |

| | | | |
|------------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| LACHAPELLE | | | |
| COMMENTS: | | | |

| | | | |
|-----------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| FARRIS | | | |
| COMMENTS: | | | |

| | | | |
|-----------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| NUNNALLY | | | |
| COMMENTS: | | | |

| | | | |
|-----------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| MADLOCK | | | |
| COMMENTS: | | | |

| | | | |
|--------------|----------|---------------|-----------|
| | INITIALS | DATE RECEIVED | FORWARDED |
| HIPPA REVIEW | | | |
| COMMENTS: | | | |

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

- REVIEWED AND APPROVED BY:

DATE _____

DATE _____